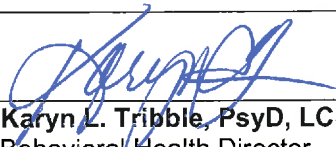




By:   
Karyn L. Tribble, PsyD, LCSW  
Behavioral Health Director

<b>POLICY TITLE</b>  Designation for Mental Health Professions to Initiate 5150/5585 Holds	<b>Policy No:</b> 503-1-1 <b>Date of Original Approval:</b> 12/16/19 <b>Date(s) of Revision(s):</b>
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**PURPOSE**

The purpose of this policy is to establish that the Local Mental Health Director, as authorized by the Board of Supervisors, is the sole authority for designating Mental Health Professionals to initiate 72-hour psychiatric detentions.

- Selection of these individuals will be based on their clinical skills as well as State regulations.
- The Authority of any one designee will be limited to detentions initiated within or under the auspices of the specific service site with which they are associated.

**AUTHORITY**

CA Welfare & Institutions Code Section 5150-5155: Detention of Mentally Disordered Persons for Evaluation and Treatment

**SCOPE**

All ACBH county-operated programs in addition to entities, individuals and programs providing mental health services under a contract or subcontract with ACBH.

**POLICY**

The Behavioral Health Director will determine which service sites are eligible to have staff designated by considering their capacity to hold involuntary patients within their own acute involuntary treatment setting, or their possession of a pre-negotiated written agreement for direct access to another approved acute involuntary treatment setting if one is not contained within their own facility.

The following 5150/5585 categories are available to interested providers:

**Category I - Full Designation – Facility**

- Initiate 5150/5585 Hold
- Medically Screen
- Evaluate and Treat Individual or,
- Psychiatrist may drop 5150/5585

Within this category, a designated professional within the facility will be given authority by the Local Mental Health Director to delegate her/his authority to others. Individuals designated within this facility will not carry their designation with them if working in other facilities.

**Category II - Professional Designation - Individual within specified Facility**

- Initiate 5150/5585 Hold, medically screen and arrange transfer to a Category I facility,
- Evaluate individual and designated psychiatrist may drop 5150/5585 Hold

Within this category (facilities that do not provide involuntary psychiatric care) an individual professional(s) will be designated and cannot delegate their authority to others. Individuals designated within this facility will not carry their designation with them if working in other facilities.

Persons/facilities authorized to provide services under Section 5150/5585 of the W & I Code understand and agree to deliver these services in the spirit of good patient care and that this privilege shall not be used to achieve discharge or transfer of patients who present transfer, placement or financial problems to the facility or who the facility deems otherwise undesirable.

## PROCEDURE

- I. A 5150/5585 implementation plan which includes the following elements must be submitted to the Director of Behavioral Care by facilities requesting 5150/5585 designations.
  - A. STAFF COMPETENCY AND TRAINING
    1. Staff must Demonstrate Competency and Knowledge as Evidenced by A Combination of Training and Examination of:
      - 5150/5585 Clinical Assessment
      - 5150/5585 Patient's Rights Issues and Reporting requirements
      - Limitation of Authority to Initiate and drop 5150/5585 , i.e. linked to a specific facility
      - Knowledge of applicable regulations pertaining to patient transfer
    2. Staff has Proof of Professional Licensure and Recent Relevant Experience in the Field of Mental Health
    3. Alameda County Behavioral Health Care Services will provide live in-person semi-annual training for all designated behavioral health clinicians to address staff competency. Staff must participate in training once every three years in order to maintain their designation. ACBH will make available a recorded training and examination that may be used as a bridge for staff until the next live training.
    4. Use of recorded training will not replace the need to participate in the next scheduled in-person training.
  - B. TRANSFERRING PATIENTS
    1. Describe or Provide Procedure for Determining that Individuals are "Medically Stable" and can be sent directly to a Psychiatric Facility. This plan may include the involvement of third parties (e.g. EMS) to screen for medical stability or need for additional clearance.
    2. Documentation, including medical records and other pertinent communications shall be transferred with patient
    3. Notice shall be given to protecting patients assets, including attention to health insurance plan restrictions that may include unnecessary costs to patient; insurance should be verified so that patient is transferred to a facility covered by their insurance plan
    4. For patients who require transfer, insurance should be verified so that they are transferred to a covered facility.
  - C. QUALITY ASSURANCE PROCEDURES FOR MONITORING 5150/5585 PLAN
    1. Designated facility will describe process or provide procedures developed to monitor compliance with 5150/5585 Plan.
    2. **IDENTIFY POSITIONS OF DESIGNATED PROFESSIONALS** and submit current list of staff with delegated authority and a mechanism for notification of changes to the roster. This will be submitted to the Behavioral Health Director or designee.

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**3. REPORT NUMBER OF 5150/5585's** initiated by designated and/or delegated staff on a quarterly basis (**see attached form**) and submit to **Aaron Chapman, MD.**

**NON-COMPLIANCE**

Instances of suspected abuse of these 5150/5585 privileges that cannot be resolved by facilities involved shall be reported to the Director of Behavioral Health Care Services or their designee and may be cause for revocation of 5150/5585 privileges. A written report of the circumstances of the abuse shall be submitted to the Director by the aggrieved party and should include a description of incidents involved and any attempts made to resolve disagreement between the concerned parties.

<b>BHCS Office</b>	<b>Current as of</b>	<b>Email</b>
Office of the Medical Director 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606	September 17, 2019	aaron.chapman@acgov.org

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Aaron Chapman, MD  
**Original Date of Approval:** 12/16/19  
**Date of Revision:**

<b>Revise Author</b>	<b>Reason for Revise</b>	<b>Date of Approval by (Name)</b>

**DEFINITIONS**

<b>Term</b>	<b>Definition</b>
None	